

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042691

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 6049

STATE FILE NUMBER

FILED DEC 14 1962

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in lb OR TOWN <u>8 Months</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>101 East 36th Street</u> <u>New Hope Nursing Home</u>		d. STREET ADDRESS (If outside, give location) <u>1116 W. 40th Street</u>	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>HENRY</u> Middle <u>FRANKLIN</u> Last <u>HOLMES</u>		4. DATE OF DEATH Month <u>Nov.</u> Day <u>30</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>Cauc.</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>8/13/96</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hired Hand</u>	
11. BIRTHPLACE (City and state or country) <u>Chaffee, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James Holmes</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah YOUNG</u>	
14. NAME OF HUSBAND OR WIFE <u>Mrs. Annis Holmes</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give war or dates of service) <u>World War I</u>	
16. SOCIAL SECURITY NO. <u>[REDACTED]</u>		17. INFORMANT <u>John Wooley</u>	
18. CAUSE OF DEATH (Enter only one cause per line for terminal condition) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Vascular Accident - Hemorrhage</u> DUE TO (b) <u>Cerebral Arteriosclerosis + Hypertension</u> DUE TO (c) <u>Hypertension</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>10-1-62</u> Month, Day, Year <u>11-30-62</u> a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>FT. LEAVENWORTH, KANS.</u>	
21. I attended the deceased from <u>10-1-62</u> to <u>11-30-62</u> and last saw him alive on <u>11-30-62</u> Death occurred at <u>1:35</u> A. m. on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <u>Otto W. Theel M.D.</u>	
22a. SIGNATURE (Degree or title) <u>Otto W. Theel M.D.</u>		22b. ADDRESS <u>4391 Main St. KC Mo.</u>	
22c. DATE SIGNED <u>11-30-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	
23b. DATE <u>12-4-62</u>		23c. NAME OF CEMETERY OR CREMATOR <u>National Cem.</u>	
23d. LOCATION (City, town, or county) <u>Ft. Leavenworth, Kans.</u>		23e. DATE RECD. BY LOCAL REG. <u>11-30-62</u>	
23f. REGISTRAR'S SIGNATURE <u>Ruth Long</u>		24. FUNERAL DIRECTOR <u>D.W. Newcomer's Sons, Kansas City, Mo.</u>	

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Otto W. Theel

USE BLACK INK
OR
TYPEWRITER RIBBON

Dr. O.T. N. Threl, Jr. 1
Room 5, 2nd floor - 4301 Main Street
1-20-5000

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Ernest M. Denny*
Licensed Embalmer No. 3566
P. O. Address *H. C. Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.